

Fact Sheet on the Implementation of SB 1104
Released in Response to the “Senate Office of Oversight and Outcomes” Report

SB 1104 directed the Administration to take 15 actions. The State Department of Social Services and the State Department of Health Care Services have completed 14 of those actions, and nearly finished completing the 15th. SB 1104:

1. Requires the Department of Social Services “to procure and implement a new case Management Information and Payrolling System (CMIPS) for the IHSS program and Personal Care Services Program” beginning a “fair and open competitive procurement for the new system by August 31, 2004.”

Procurement Completed. Implementation April 2010.

2. The Department of Social Services “shall adopt emergency regulations to implement provisions no later than Sept. 30, 2005” authorizing county welfare departments to extend reassessments for continuing IHSS services up to 6 months beyond the 12 month period.

Completed. (Six sets of regulations have been written in association with SB 1104 since its enactment).

3. Requires the Department of Social Services “to establish and implement statewide hourly task guidelines and instructions... and adopt implementing regulations by June 30, 2006 with the input of designated public and private entities.”

Completed.

4. Requires department to “develop for statewide use a standard form on which to obtain certification by a physician or other appropriate medical professional as determined by the department of a person’s need for protective supervision.”

Completed.

5. Requires “beginning in the 2004-05 fiscal year, and in each subsequent fiscal year, the department in consultation with the State Department of Health Services and the county welfare departments shall design and conduct an error rate study to estimate the extent of payment and service authorization errors and fraud in the provision of supportive services. The error rate study findings shall be used to prioritize and direct state and county fraud detection and quality improvement efforts.”

Partial Completion and Ongoing. Two error rate studies have been completed and the department is awaiting feedback from the counties on the third study and a fourth study will begin in April.

6. “The department and the State Department of Health Services shall conduct automated data matches to compare Medi-Cal paid claims and third-party liability data with supportive services paid service hours to identify potential overpayments, duplicate payments,

alternative payment sources for supportive services, and other potential supportive services delivery discrepancies.”

Completed.

7. Requires the department “to develop methods for verifying the receipt of supportive services by program recipients. . .the Department shall, in consultation with the county welfare departments, also determine, define, and issue instructions describing the roles and responsibilities of the department and the county welfare departments for evaluating and responding to identified problems and discrepancies.”

Completed.

8. Department “shall make available on its Internet Web site the regulations, all-county letters, approved forms, and training curricula developed and officially issued by the department” as well as inform “the general public about the availability of these items and of the Medi-Cal toll free fraud hotline and website” for reporting fraud.

Completed.

9. Requires the department to “develop a standardized curriculum, training materials, and work aids, and operate and ongoing, statewide training program on the supportive services uniformity system for county workers, managers, quality assurance staff, state hearing officers and public authority or nonprofit consortium staff.”

Completed. The IHSS Social Worker Academy has trained more than 14,000 individuals under a contract with CSUS using curriculum developed by the state.

10. Requires the department to “develop protocols and procedures for monitoring county quality assurance programs.”

Completed. Developed a Quality Assurance protocols and procedures 87 page manual in coordination with a workgroup comprised of county welfare departments, disability advocates, public authorities, employee unions, etc. and developed approximately 20 All County Letters and All County Information Notices and Program Manager letters.

11. Requires the department “to convene periodic meetings” to provide information and the opportunity for input from designated stakeholders regarding IHSS quality assurance, program integrity, and program consistency.

Completed. From the beginning of the QA efforts the department has had over 50 meetings which included county welfare departments, disability advocates, public authorities, employee unions, etc.

12. Requires that “the department and the State Department of Health Services shall develop a provider enrollment form that each person seeking to provide supportive services shall complete, sign under penalty of perjury, and submit to the county” containing certain

information relating to any prior convictions or incarceration fraud against a government health care or supportive service program.

Completed.

13. Authorizes “the State Department of Health Services to investigate fraud in the provision of or receipt of supportive services” and directs the department to work with the Department of Social Services to detect and prevent fraud.

Completed. CDHS in 2008 reported 856 cases received 560 cases investigated and closed, 334 cases substantiated for fraud and \$98,847 collected in overpayments.

14. Authorizes the director or the county “to the extent possible under existing labor laws, recover the overpayment by offset against any amount currently due to a provider...or by means of an executed repayment agreement between the provider and the director or the county.”

Completed. CDSS’s CMIPS has an automated system for collecting overpayments to providers due to errors which the counties utilize as a recovery method totaling \$200,000-\$300,000 annually.

15. Declares it is “the intent of the Legislature that the State Department of Health Services seek approval of a Medicaid waiver from the federal government, to be known as the IHSS Plus waiver.”

Completed.